

Division of Services for the Deaf and Hard-of-Hearing
Utah Interpreter Program



Interpreter Workshop Approval Application

Submitted by _____ Date _____
Phone _____ E-mail address _____

Name of Workshop: _____

Date of Workshop: _____

Workshop time: _____ **to** _____ **Workshop hours (CEHs requested)** _____

Workshop cost: \$ _____

Do you approve credit (CEHs) for partial attendance? ___YES ___NO **If "yes," how many hours are required for partial credit?** _____

Workshop description (brief): _____

Presenter(s): _____

Workshop location: _____

PLEASE NOTE: Attendance roster must be returned within 30 days following the workshop for participants to receive CEH credit.

DSDHH Use Only

Approved ____

Denied ____

CEHs ____